2000 UNIFORM BUSINESS REPORT (UBR) Mar 14, 2000 8:00 am DOCUMENT # **H99581** 1. Entity Name **Secretary of State** THE GREAT WALLENDAS, INC. 03-14-2000 90009 019 ***158.75 Principal Place of Business Mailing Address 3527 SCHWALBE DR 2357 SCHWALBE DR SARASOTA FL 34235-8960 SARASOTA FL 34235 2. Principal Place of Business 3. Mailing Address 650 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State y & State والمناك 65-0031754 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent WALLENDA, ENRICO Street Address (P.Q. Box Number is Not Acceptable) 2357 SCHWALBE DR. SARASOTA FL 34235 ent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing ENRICO WALLENDA SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPST CR2E034 (9/99) Change Addition TITLE Delete TITLE WALLENDA, ENRICO NAME NAME 3527 SCHWALBE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-7IP DIRECTOR / DRESIDENT TITLE Delete TITLE TINOWALLENDA NAME NAME STREET ADDRESS STREET ADDRESS 3650 HENRIETTA PL. SARAGOTA, FLA. 34234 - 6528 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR / VICE PRES. /SEC Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trasfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DE